

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input checked="" type="checkbox"/>	Wage DC140002 (Mod. 3) Det:	ADDRESS 2320 Old Washington Road Waldorf, MD 20601
Atlantic Refinishing & Restoration, Inc.			

PAYROLL NO. 131.1	FOR WEEK ENDING 04/01/2018	PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030
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(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions DEDUCTIONS						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				26	27	28	29	30	31	1										
				HOURS WORKED EACH DAY																
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00	407.03	1012.97
			O	0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00							
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72	1420.00					3) 113.60		

(b) (6)	0	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00	0.00	1349.00	71.73	146.00	54.00	16.78	1)	0.00	574.20	799.80
			O	0	0	0	0	0	0	0	0.00	0.00	0.00						2)	0.00		
			S	7.00	8.00	7.00	8.00	8.00	0	0	38.00	25.78	9.72						1374.00	3)		
(b) (6)	Other Deduction Detail: Health & Dental Insurance: 216.99, Simple IRA: 68.70																					

(b) (6)	3	Terrazzo Finisher	D	0	0	0	0	0	0	0	0.00	0.00	0.00	576.00	131.10	142.00	131.75	30.66	1) 0.00	604.66	1509.74			
			O	0	0	0	0	0	0	0	0.00	0.00	0.00						2) 0.00					
			S	9.00	9.00	0	0	0	0	0	18.00	32.00	0.00						3) 169.15					
(b) (6)													2114.40											992600
Other Deduction Detail: Simple IRA: 169.15																								

(b) (6)	3	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	704.00	131.10	142.00	131.75	30.66	1) 0.00	604.66	1509.74
			O	0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00							
			S	0	0	10.00	10.00	2.00	0	0	22.00	32.00 0.00	2114.40					3) 169.15		
(b) (6)	Other Deduction Detail: Simple IRA: 169.15																			992600

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

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PAYROLL NO. 131.1		FOR WEEK ENDING 04/01/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				26	27	28	29	30	31	1										
				HOURS WORKED EACH DAY																
(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	576.00	106.58	150.00	120.51	24.92	1) 0.00 2) 0.00 3) 103.14	505.15	1213.89
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	10.00	10.00	4.00	0	0	24.00	24.00 0.00								
Other Deduction Detail: Simple IRA: 103.14																				
(b) (6)	1	Terrazzo Finisher	D	0	0	0	0	0	0	0	0.00	0.00 0.00	476.64	106.58	150.00	120.51	24.92	1) 0.00 2) 0.00 3) 103.14	505.15	1213.89
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	0	0	0	0	0	16.00	20.98 8.81								
Other Deduction Detail: Simple IRA: 103.14																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	150.00	63.55	121.00	74.45	14.87	1) 0.00 2) 0.00 3) 50.00	323.87	701.13
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	1.50	0	4.50	0	0	0	0	6.00	25.00 0.00								
Other Deduction Detail: Simple IRA: 50.00																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	152.00	67.14	145.00	54.00	15.70	1) 0.00 2) 0.00 3) 0.00	281.84	801.16
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	0	0	0	0	0	0	8.00	19.00 0.00								
Other Deduction Detail: Simple IRA: 50.00																				

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														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions							
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS		
				26	27	28	29	30	31	1											
(b) (6)	3	Marble: Stone Mason	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	389.68	88.18	102.00	91.36	20.62	1) 0.00	434.57	1020.11
				0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00								
				0	0	0	8.00	0	0	0	8.00	33.58 15.13	1454.68						3) 132.41		
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																					
(b) (6)	3	Tile Setter	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	1065.00	88.18	102.00	91.36	20.62	1) 0.00	434.57	1020.11
				0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00								
				8.00	8.00	6.00	0	8.00	0	0	30.00	25.78 9.72	1454.68						3) 132.41		
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																					
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	770.00	53.11	95.00	42.80	12.42	1) 0.00	235.74	653.26
				0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00								
				8.00	8.00	3.00	8.00	8.00	0	0	35.00	22.00 0.00	889.00						3) 32.41		
Other Deduction Detail: Health & Dental Insurance: 32.41																					
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	568.00	100.65	113.00	99.99	23.54	1) 0.00	418.35	1205.14
				0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00								
				8.00	8.00	0	0	0	0	0	16.00	25.78 9.72	1623.49						3) 81.17		
Other Deduction Detail: Simple IRA: 81.17																					

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				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				26	27	28	29	30	31	1				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	4	Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	925.49	100.65	113.00	99.99	23.54	1) 0.00 2) 0.00 3) 81.17	418.35	1205.14
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	3.00	8.00	8.00	0	0	19.00	33.58 15.13								
Other Deduction Detail: Simple IRA: 81.17																				

(b) (6)	5	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	479.25	112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.41	461.78	1346.38
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	5.00	4.50	4.00	0	0	0	0	13.50	25.78 9.72								
Other Deduction Detail: Simple IRA: 90.41																				

(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	60.00	112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.41	461.78	1346.38
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	2.00	0	0	0	0	0	0	2.00	30.00 0.00								
Other Deduction Detail: Simple IRA: 90.41																				

(b) (6)	5	Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	633.23	112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.41	461.78	1346.38
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	3.00	8.00	2.00	0	0	13.00	33.58 15.13								
Other Deduction Detail: Simple IRA: 90.41																				

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				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				26	27	28	29	30	31	1										
				HOURS WORKED EACH DAY																
(b) (6)	2	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	504.00	96.08	195.00	101.97	22.47	1) 0.00 2) 0.00 3) 77.49	493.01	1056.71
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	10.00	10.00	4.00	0	0	24.00	21.00 0.00								
Other Deduction Detail: Simple IRA: 77.49																				

(b) (6)	2	Terrazzo Finisher	D	0	0	0	0	0	0	0	0.00	0.00 0.00	238.32	96.08	195.00	101.97	22.47	1) 0.00 2) 0.00 3) 77.49	493.01	1056.71
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	8.00	0	0	0	0	0	8.00	20.98 8.81								
Other Deduction Detail: Simple IRA: 77.49																				

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	836.00	49.82	68.00	34.00	11.65	1) 0.00 2) 0.00 3) 90.93	254.40	581.60
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	6.00	8.00	8.00	0	0	38.00	22.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 58.52																				

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Date April 5th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

26th day of March, 2018, and ending the 1st day of April, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Revised Payroll
#131.1-Entered wrong tax amount for an employee.

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

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														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				26	27	28	29	30	31	1										
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	407.03	1012.97
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00								
Other Deduction Detail: Simple IRA: 113.60																				

(b) (6)	0	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1349.00	71.73	146.00	54.00	16.78	1) 0.00 2) 0.00 3) 285.69	574.20	799.80
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	7.00	8.00	7.00	8.00	8.00	0	0	38.00								
Other Deduction Detail: Health & Dental Insurance: 216.99, Simple IRA: 68.70																				

(b) (6)	3	Terrazzo Finisher	D	0	0	0	0	0	0	0	0.00	0.00 0.00	576.00	131.10	142.00	131.75	30.66	1) 0.00 2) 0.00 3) 169.15	604.66	1509.74
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	9.00	9.00	0	0	0	0	0	18.00								
Other Deduction Detail: Simple IRA: 169.15																				

(b) (6)	3	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	704.00	131.10	142.00	131.75	30.66	1) 0.00 2) 0.00 3) 169.15	604.66	1509.74
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	0	0	10.00	10.00	2.00	0	0	22.00								
Other Deduction Detail: Simple IRA: 169.15																				

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PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 131.0		FOR WEEK ENDING 04/01/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				26	27	28	29	30	31	1										
				HOURS WORKED EACH DAY																
(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	576.00	106.58	150.00	120.51	24.92	1) 0.00 2) 0.00 3) 103.14	505.15	1213.89
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	10.00	10.00	4.00	0	0	24.00	24.00 0.00								
Other Deduction Detail: Simple IRA: 103.14																				
(b) (6)	1	Terrazzo Finisher	D	0	0	0	0	0	0	0	0.00	0.00 0.00	476.64	106.58	150.00	120.51	24.92	1) 0.00 2) 0.00 3) 103.14	505.15	1213.89
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	0	0	0	0	0	16.00	20.98 8.81								
Other Deduction Detail: Simple IRA: 103.14																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	150.00	63.55	121.00	74.45	14.87	1) 0.00 2) 0.00 3) 50.00	323.87	701.13
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	1.50	0	4.50	0	0	0	0	6.00	25.00 0.00								
Other Deduction Detail: Simple IRA: 50.00																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	152.00	67.14	145.00	54.00	15.70	1) 0.00 2) 0.00 3) 0.00	281.84	801.16
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	0	0	0	0	0	0	8.00	19.00 0.00								
Other Deduction Detail: Simple IRA: 50.00																				

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PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				26	27	28	29	30	31	1				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	3	Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	389.68	67.14	145.00	54.00	15.70	1) 0.00 2) 0.00 3) 0.00	281.84	801.16
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	0	0	0	8.00	0	0	0	8.00	33.58 15.13								
										1083.00										
(b) (6)	3	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1065.00	67.14	145.00	54.00	15.70	1) 0.00 2) 0.00 3) 0.00	281.84	801.16
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	8.00	8.00	6.00	0	8.00	0	0	30.00	25.78 9.72								
										1083.00										
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	770.00	53.11	95.00	42.80	12.42	1) 0.00 2) 0.00 3) 32.41	235.74	653.26
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	8.00	8.00	3.00	8.00	8.00	0	0	35.00	22.00 0.00								
										889.00										
Other Deduction Detail: Health & Dental Insurance: 32.41																				
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	568.00	100.65	113.00	99.99	23.54	1) 0.00 2) 0.00 3) 81.17	418.35	1205.14
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	8.00	8.00	0	0	0	0	0	16.00	25.78 9.72								
										1623.49										
Other Deduction Detail: Simple IRA: 81.17																				

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PAYROLL NO. 131.0		FOR WEEK ENDING 04/01/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
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				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS												
				26	27	28	29	30	31	1				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS							
				HOURS WORKED EACH DAY																						
(b) (6)	4	Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	925.49	100.65	113.00	99.99	23.54	1) 0.00 2) 0.00 3) 81.17	418.35	1205.14						
			O	0	0	0	0	0	0	0	0.00	0.00 0.00														
			S	0	0	3.00	8.00	8.00	0	0	19.00	33.58 15.13														
																			1623.49							992622
Other Deduction Detail: Simple IRA: 81.17																										

(b) (6)	5	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	479.25	112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.41	461.78	1346.38						
			O	0	0	0	0	0	0	0	0.00	0.00 0.00														
			S	5.00	4.50	4.00	0	0	0	0	13.50	25.78 9.72														
																			1808.16							992623
Other Deduction Detail: Simple IRA: 90.41																										

(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	60.00	112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.41	461.78	1346.38						
			O	0	0	0	0	0	0	0	0.00	0.00 0.00														
			S	2.00	0	0	0	0	0	0	2.00	30.00 0.00														
																			1808.16							992623
Other Deduction Detail: Simple IRA: 90.41																										

(b) (6)	5	Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	633.23	112.11	124.00	109.04	26.22	1) 0.00 2) 0.00 3) 90.41	461.78	1346.38						
			O	0	0	0	0	0	0	0	0.00	0.00 0.00														
			S	0	0	3.00	8.00	2.00	0	0	13.00	33.58 15.13														
																			1808.16							992623
Other Deduction Detail: Simple IRA: 90.41																										

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PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				26	27	28	29	30	31	1										
				HOURS WORKED EACH DAY																
(b) (6)	2	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	504.00	96.08	195.00	101.97	22.47	1) 0.00	493.01	1056.71
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
			S	0	0	10.00	10.00	4.00	0	0	24.00	21.00 0.00						3) 77.49		
Other Deduction Detail: Simple IRA: 77.49																				

(b) (6)	2	Terrazzo Finisher	D	0	0	0	0	0	0	0	0.00	0.00 0.00	238.32	96.08	195.00	101.97	22.47	1) 0.00	493.01	1056.71
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
			S	0	8.00	0	0	0	0	0	8.00	20.98 8.81						3) 77.49		
Other Deduction Detail: Simple IRA: 77.49																				

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	836.00	49.82	68.00	34.00	11.65	1) 0.00	254.40	581.60
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
			S	8.00	8.00	6.00	8.00	8.00	0	0	38.00	22.00 0.00						3) 90.93		
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 58.52																				

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Date April 5th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

26th day of March, 2018, and ending the 1st day of April, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #131

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 130.0		FOR WEEK ENDING 03/25/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK/ Check No.
														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				19	20	21	22	23	24	25										
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1349.00	83.64	77.00	95.61	19.56	1) 0.00	383.73	965.27
				O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				S	8.00	8.00	6.00	8.00	8.00	0	0	38.00						25.78 9.72		
Other Deduction Detail: Simple IRA: 107.92																				
(b) (6)	0	Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00 0.00	868.80	52.04	82.00	37.00	12.17	1) 0.00	453.02	603.28
				O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				S	8.00	8.00	0	8.00	0	0	0	24.00						28.17 8.03		
Other Deduction Detail: Health & Dental Insurance: 216.99, Simple IRA: 52.82																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1200.00	79.36	50.00	73.02	18.56	1) 0.00	323.34	956.66
				O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				S	8.00	8.00	5.50	8.00	8.00	0	0	37.50						32.00 0.00		
Other Deduction Detail: Simple IRA: 102.40																				
(b) (6)	3	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1349.00	81.62	89.00	82.96	19.09	1) 0.00	405.08	943.92
				O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				S	8.00	8.00	6.00	8.00	8.00	0	0	38.00						25.78 9.72		
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																				

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PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

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				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				19	20	21	22	23	24	25				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	836.00	49.83	84.00	39.58	11.66	1) 0.00 2) 0.00 3) 32.41	217.48	618.52
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	8.00	8.00	6.00	8.00	8.00	0	0	38.00	22.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 32.41																				
(b) (6)	4	Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	779.36	96.75	106.00	95.22	22.62	1) 0.00 2) 0.00 3) 78.02	398.61	1161.75
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	0	4.00	3.00	4.00	5.00	0	0	16.00	33.58 15.13								
Other Deduction Detail: Simple IRA: 78.02																				
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	781.00	96.75	106.00	95.22	22.62	1) 0.00 2) 0.00 3) 78.02	398.61	1161.75
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	8.00	4.00	3.00	4.00	3.00	0	0	22.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 78.02																				
(b) (6)	5	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	479.25	106.21	113.00	101.86	24.84	1) 0.00 2) 0.00 3) 85.66	431.57	1281.55
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	2.50	4.00	3.00	4.00	0	0	0	13.50	25.78 9.72								
Other Deduction Detail: Simple IRA: 85.66																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 130.0		FOR WEEK ENDING 03/25/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				19	20	21	22	23	24	25										
				HOURS WORKED EACH DAY																
(b) (6)	5	Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	657.58	106.21	113.00	101.86	24.84	1) 0.00 2) 0.00 3) 85.66	431.57	1281.55
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	2.50	4.00	3.00	4.00	0	0	0	13.50	33.58 15.13								
											1713.12							992499		
Other Deduction Detail: Simple IRA: 85.66																				

(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	30.00	106.21	113.00	101.86	24.84	1) 0.00 2) 0.00 3) 85.66	431.57	1281.55
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	0	0	1.00	0	0	1.00	30.00 0.00								
											1713.12							992499		
Other Deduction Detail: Simple IRA: 85.66																				

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	242.00	49.82	68.00	34.00	11.65	1) 0.00 2) 0.00 3) 90.93	254.40	581.60
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	5.00	0	6.00	0	0	0	0	11.00	22.00 0.00								
											836.00							992525		
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 58.52																				

(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	594.00	49.82	68.00	34.00	11.65	1) 0.00 2) 0.00 3) 90.93	254.40	581.60
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	3.00	8.00	0	8.00	8.00	0	0	27.00	22.00 0.00								
											836.00							992525		
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 58.52																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 130.0		FOR WEEK ENDING 03/25/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK/ Check No.	
														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				19	20	21	22	23	24	25										
(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	143.00	28.15	10.00	14.00	6.58	1) 0.00 2) 0.00 3) 270.67	329.40	341.60
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	1.50	0	5.00	0	0	0	0	6.50	22.00 0.00								
												671.00						992529		

Other Deduction Detail: Health & Dental Insurance: 216.99, Simple IRA: 53.68

(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	130.00	46.87	41.00	48.18	10.96	1) 0.00 2) 0.00 3) 373.10	520.11	311.89
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	5.00	0	0	0	0	5.00	26.00 0.00								
												832.00						992535		

Other Deduction Detail: Health & Dental Insurance: 76.02, Child Support: 245.08, Child Support Fee: 2.00, Simple IRA: 50.00

(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	169.00	49.17	55.00	56.01	11.50	1) 0.00 2) 0.00 3) 50.00	221.68	571.32
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	1.50	0	5.00	0	0	0	0	6.50	26.00 0.00								
												793.00						992536		

Other Deduction Detail: Simple IRA: 50.00

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Date March 29th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

19th day of March, 2018, and ending the 25th day of March, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Child Support, Child Support Fee,
Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #130

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 129.0		FOR WEEK ENDING 03/18/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				12	13	14	15	16	17	18				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	407.03	1012.97
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
Other Deduction Detail: Health & Dental Insurance: 113.60																				
(b) (6)	0	Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1339.40	74.24	154.00	57.00	17.36	1) 0.00 2) 0.00 3) 287.71	590.31	824.09
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	5.00	8.00	8.00	8.00	8.00	0	0	37.00	28.17 8.03								
Other Deduction Detail: Health & Dental Insurance: 287.71																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	75.00	74.24	154.00	57.00	17.36	1) 0.00 2) 0.00 3) 287.71	590.31	824.09
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	3.00	0	0	0	0	0	0	3.00	25.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 287.71																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1472.00	91.26	71.00	86.53	21.34	1) 0.00 2) 0.00 3) 117.76	387.89	1084.11
			O	0	0	0	0	4.00	0	0	4.00	48.00 0.00								
			S	9.00	9.00	9.00	9.00	4.00	0	0	40.00	32.00 0.00								
Other Deduction Detail: Simple IRA: 117.76																				

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 129.0		FOR WEEK ENDING 03/18/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				12	13	14	15	16	17	18				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	725.00	61.23	113.00	71.47	14.32	1) 0.00 2) 0.00 3) 50.00	310.02	677.48
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	0	5.00	0	0	29.00	25.00 0.00								
Other Deduction Detail: Simple IRA: 50.00																				

(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	522.50	45.35	76.00	34.00	10.61	1) 0.00 2) 0.00 3) 0.00	165.96	565.54
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	5.50	6.00	0	0	0	27.50	19.00 0.00								

(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	814.00	52.55	93.00	42.22	12.29	1) 0.00 2) 0.00 3) 32.41	232.47	647.53
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	5.00	0	0	37.00	22.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 32.41																				

(b) (6)	0	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	66.00	52.55	93.00	42.22	12.29	1) 0.00 2) 0.00 3) 32.41	232.47	647.53
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	0	0	3.00	0	0	3.00	22.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 32.41																				

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NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 129.0		FOR WEEK ENDING 03/18/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				12	13	14	15	16	17	18				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	4	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	104.00	85.68	85.00	81.75	20.04	1) 0.00 2) 0.00 3) 69.10	341.57	1040.43
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	0	0	4.00	0	0	4.00	26.00 0.00								
												1382.00							992373	

Other Deduction Detail: Simple IRA: 69.10

(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1278.00	85.68	85.00	81.75	20.04	1) 0.00 2) 0.00 3) 69.10	341.57	1040.43
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	4.00	0	0	36.00	25.78 9.72								
												1382.00							992373	

Other Deduction Detail: Simple IRA: 69.10

(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	30.00	104.43	110.00	99.69	24.42	1) 0.00 2) 0.00 3) 84.22	422.76	1261.62
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	1.00	0	0	0	0	0	0	1.00	30.00 0.00								
												1684.38							992374	

Other Deduction Detail: Simple IRA: 84.22

(b) (6)	5	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	461.50	104.43	110.00	99.69	24.42	1) 0.00 2) 0.00 3) 84.22	422.76	1261.62
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	5.00	3.00	2.00	3.00	0	0	13.00	25.78 9.72								
												1684.38							992374	

Other Deduction Detail: Simple IRA: 84.22

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PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>	Wage DC140002 (Mod. 3) Det:	ADDRESS 2320 Old Washington Road Waldorf, MD 20601
Atlantic Refinishing & Restoration, Inc.		

PAYROLL NO. 129.0	FOR WEEK ENDING 03/18/2018	PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030
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(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				12	13	14	15	16	17	18				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0.00	0.00 0.00	880.00	52.55	73.00	36.00	12.29	1) 0.00	267.85	612.15	
			O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00			
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00						22.00 0.00			3) 94.01

(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	110.00	3.50	0.00	0.00	0.82	1) 0.00	126.01	38.99							
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00									
			S	0	0	0	0	5.00	0	0	5.00	22.00 0.00						3) 121.69									
(b) (6)																				165.00							992407
Other Deduction Detail: Health & Dental Insurance: 108.49, Simple IRA: 13.20																											

(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00	0.00	754.00	59.77	66.00	64.71	13.98	1) 0.00	577.56	462.44
			O	0	0	0	0	0	0	0	0.00	0.00	0.00						2) 0.00		
			S	8.00	8.00	8.00	0	5.00	0	0	29.00	26.00	0.00						3) 373.10		
(b) (6)											29.00	26.00	0.00	1040.00							992413
Other Deduction Detail: Health & Dental Insurance: 76.02, Child Support: 245.08, Child Support Fee: 2.00, Simple IRA: 50.00																					

(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	754.00	63.67	83.00	74.61	14.89	1) 0.00	286.17	740.83
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
			S	8.00	8.00	8.00	0	5.00	0	0	29.00	26.00 0.00	3) 50.00					992414		
(b) (6)	Other Deduction Detail: Simple IRA: 50.00																			

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Date March 29th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

12th day of March, 2018, and ending the 18th day of March, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee, Health &
Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #129

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 128.0		FOR WEEK ENDING 03/11/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				5	6	7	8	9	10	11				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	407.03	1012.97
				0	0	0	0	0	0	0	0.00	0.00 0.00								
				8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 113.60																				
(b) (6)	2	Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00 0.00	289.60	73.31	89.00	59.00	17.14	1) 0.00 2) 0.00 3) 76.02	314.47	943.88
				0	0	0	0	0	0	0	0.00	0.00 0.00								
				0	3.00	5.00	0	0	0	0	8.00	28.17 8.03								
Other Deduction Detail: Health & Dental Insurance: 76.02																				
(b) (6)	2	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	125.00	73.31	89.00	59.00	17.14	1) 0.00 2) 0.00 3) 76.02	314.47	943.88
				0	0	0	0	0	0	0	0.00	0.00 0.00								
				0	3.00	2.00	0	0	0	0	5.00	25.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 76.02																				
(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	100.00	81.27	68.00	58.00	19.00	1) 0.00 2) 0.00 3) 65.54	291.81	1018.89
				0	0	0	0	0	0	0	0.00	0.00 0.00								
				0	2.00	2.00	0	0	0	0	4.00	25.00 0.00								
Other Deduction Detail: Simple IRA: 65.54																				

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(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 128.0		FOR WEEK ENDING 03/11/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				5	6	7	8	9	10	11				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	5	Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00 0.00	398.20	81.27	68.00	58.00	19.00	1) 0.00 2) 0.00 3) 65.54	291.81	1018.89
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	0	6.00	5.00	0	0	0	0	11.00	28.17 8.03								
Other Deduction Detail: Simple IRA: 65.54																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	252.00	45.20	66.00	34.00	10.57	1) 0.00 2) 0.00 3) 0.00	155.77	573.23
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	6.00	0	8.00	0	0	0	14.00	18.00 0.00								
Other Deduction Detail: Simple IRA: 65.54																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	287.50	64.21	84.00	48.00	15.02	1) 0.00 2) 0.00 3) 51.78	263.01	772.63
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	8.00	3.50	0	0	0	0	11.50	25.00 0.00								
Other Deduction Detail: Simple IRA: 51.78																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	50.00	58.27	100.00	42.00	13.63	1) 0.00 2) 0.00 3) 274.83	488.73	668.07
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	0	1.00	1.00	0	0	2.00	25.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 216.99, Simple IRA: 57.84																				

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(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK/ Check No.	
														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				5	6	7	8	9	10	11										
(b) (6)	0	Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00 0.00	506.80	58.27	100.00	42.00	13.63	1) 0.00	488.73	668.07
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				0	0	0	7.00	7.00	0	0	14.00	28.17 8.03						3) 274.83		
Other Deduction Detail: Health & Dental Insurance: 216.99, Simple IRA: 57.84																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1280.00	79.36	50.00	73.02	18.56	1) 0.00	323.34	956.66
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				8.00	8.00	8.00	8.00	8.00	0	0	40.00	32.00 0.00						3) 102.40		
Other Deduction Detail: Simple IRA: 102.40																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	600.00	62.00	115.00	72.47	14.50	1) 0.00	313.97	686.03
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				0	0	8.00	8.00	8.00	0	0	24.00	25.00 0.00						3) 50.00		
Other Deduction Detail: Simple IRA: 50.00																				
(b) (6)	0	Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00 0.00	72.40	51.02	87.00	39.00	11.93	1) 0.00	188.95	633.95
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				0	0	2.00	0	0	0	0	2.00	28.17 8.03						3) 0.00		
Other Deduction Detail: Simple IRA: 50.00																				

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Atlantic Refinishing & Restoration, Inc.			

PAYROLL NO. 128.0	FOR WEEK ENDING 03/11/2018	PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030
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(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				5	6	7	8	9	10	11				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	532.00	51.02	87.00	39.00	11.93	1) 0.00	188.95	633.95
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
(b) (6)			S	0	8.00	4.00	8.00	8.00	0	0	28.00	19.00 0.00						822.90		

(b) (6)	0	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00	0.00	528.00	54.33	99.00	44.09	12.70	1)	0.00	242.53	666.27
			O	0	0	0	0	0	0	0	0.00	0.00	0.00						2)	0.00		
			S	8.00	8.00	8.00	0	0	0	0	24.00	22.00	0.00						3)	32.41		
(b) (6)																						992241

Other Deduction Detail: Health & Dental Insurance: 32.41

(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00	0.00	852.00	78.62	72.00	73.14	18.39	1)	0.00	305.55	962.45
			O	0	0	0	0	0	0	0	0.00	0.00	0.00						2)	0.00		
			S	8.00	8.00	8.00	0	0	0	0	24.00	25.78	9.72						3)	63.40		
(b) (6)																						992242

Other Deduction Detail: Simple IRA: 63.40

(b) (6)	5	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00	0.00	816.50	91.54	86.00	83.99	21.41	1)	0.00	356.77	1119.73
			O	0	0	0	0	0	0	0	0.00	0.00	0.00						2)	0.00		
			S	8.00	7.00	8.00	0	0	0	0	23.00	25.78	9.72						3)	73.83		
(b) (6)																						

Other Deduction Detail: Simple IRA: 73.83

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PAYROLL

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NAME OF CONTRACTOR <input type="checkbox"/>	OR SUBCONTRACTOR <input checked="" type="checkbox"/>	Wage DC140002 (Mod. 3) Det:	ADDRESS 2320 Old Washington Road Waldorf, MD 20601
Atlantic Refinishing & Restoration, Inc.			

PAYROLL NO. 128.0	FOR WEEK ENDING 03/11/2018	PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030
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(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITHHOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				5	6	7	8	9	10	11				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0.00	0.00 0.00	54.00	90.01	208.00	74.00	21.05	1) 0.00	393.06	1058.74	
			O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00			
(b) (6)			S	0	0	0	1.00	1.00	0	0	2.00						27.00 0.00			3) 0.00

(b) (6)	1	Bricklayer	D	0	0	0	0	0	0	0	0.00	0.00	0.00	506.80	90.01	208.00	74.00	21.05	1)	0.00	393.06	1058.74
			O	0	0	0	0	0	0	0	0.00	0.00	0.00						2)	0.00		
			S	0	0	0	7.00	7.00	0	0	14.00	28.17	8.03						3)	0.00		
(b) (6)													1451.80								992269	

(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	880.00	52.55	73.00	36.00	12.29	1)	0.00	267.85	612.15
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2)	0.00		
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00						3)	94.01		
(b) (6)																				992271	

Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 61.60

(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00	0.00	416.00	59.77	66.00	64.71	13.97	1)	0.00	577.55	462.45
			O	0	0	0	0	0	0	0	0.00	0.00	0.00						2)	0.00		
			S	0	0	0	8.00	8.00	0	0	16.00	26.00	0.00						3)	373.10		
(b) (6)																					992281	

Other Deduction Detail: Health & Dental Insurance: 76.02, Child Support: 245.08, Child Support Fee: 2.00, Simple IRA: 50.00

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601																
Atlantic Refinishing & Restoration, Inc.																				
PAYROLL NO. 128.0		FOR WEEK ENDING 03/11/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC																
				PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030																
(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions					(9) NET WAGES PAID FOR WEEK/ Check No.	
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				5	6	7	8	9	10	11				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				HOURS WORKED EACH DAY																
(b) (6)	1	Point/Caulk/Clean	D	0	0	0	0	0	0	0	0.00	0.00 0.00	416.00	64.48	85.00	75.65	15.08	1) 0.00 2) 0.00 3) 50.00	290.21	749.79
			O	0	0	0	0	0	0	0.00	0.00 0.00									
(b) (6)			S	0	0	0	8.00	8.00	0	0	16.00	26.00 0.00								
Other Deduction Detail: Simple IRA: 50.00																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date March 16th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

5th day of March, 2018, and ending the 11th day of March, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Child Support, Child Support Fee, Health &
Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #128

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 127.0		FOR WEEK ENDING 03/04/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				26	27	28	1	2	3	4				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	407.03	1012.97 992042
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 113.60																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1280.00	79.36	50.00	73.02	18.56	1) 0.00 2) 0.00 3) 102.40	323.34	956.66 992087
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	32.00 0.00								
Other Deduction Detail: Simple IRA: 102.40																				
(b) (6)	3	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	568.00	73.38	73.00	72.39	17.16	1) 0.00 2) 0.00 3) 132.41	368.34	847.66 992100
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	0	0	0	8.00	0	0	16.00	25.78 9.72								
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	880.00	52.55	93.00	42.22	12.29	1) 0.00 2) 0.00 3) 32.41	232.47	647.53 992108
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 32.41																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 127.0		FOR WEEK ENDING 03/04/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				26	27	28	1	2	3	4				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	90.00	84.62	20.59	1) 0.00 2) 0.00 3) 71.00	354.25	1065.75
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 71.00																				
(b) (6)	5	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	852.00	240.69	339.00	304.74	56.29	1) 0.00 2) 0.00 3) 194.10	1134.82	2747.18
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	7.00	6.00	6.00	3.00	2.00	0	0	24.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 194.10																				
(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	270.00	240.69	339.00	304.74	56.29	1) 0.00 2) 0.00 3) 194.10	1134.82	2747.18
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	2.00	2.00	5.00	0	0	0	9.00	30.00 0.00								
Other Deduction Detail: Simple IRA: 194.10																				
(b) (6)	1	Ironworker: Reinforcing	D	0	0	0	0	0	0	0	0.00	0.00 0.00	215.90	59.12	84.00	42.00	13.83	1) 0.00 2) 0.00 3) 101.42	300.37	685.53
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	0	0	5.00	0	0	5.00	26.50 16.68								
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 69.01																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601																
Atlantic Refinishing & Restoration, Inc.																				
PAYROLL NO. 127.0		FOR WEEK ENDING 03/04/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC																
				PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030																
(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions					(9) NET WAGES PAID FOR WEEK/ Check No.	
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				26	27	28	1	2	3	4				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				HOURS WORKED EACH DAY																
(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	770.00	59.12	84.00	42.00	13.83	1) 0.00	300.37	685.53
			O	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00								
(b) (6)			S	8.00	8.00	8.00	8.00	3.00	0	0	35.00	22.00 0.00						985.90		
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 69.01																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date March 8th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

26th day of February, 2018, and ending the 4th day of March, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #127

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 126.0		FOR WEEK ENDING 02/25/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK/ Check No.		
				* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions																		
														FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS			
				HOURS WORKED EACH DAY																		
				MON	TUE	WED	THU	FRI	SAT	SUN												
				19	20	21	22	23	24	25												
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00	0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00	407.03	1012.97	
				O	0	0	0	0	0	0	0.00	0.00	0.00						2) 0.00			
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78						9.72			3) 113.60
Other Deduction Detail: Simple IRA: 113.60																						
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00	0.00	1304.00	80.85	53.00	74.71	18.91	1) 0.00	331.79	972.21	
				O	0	0	0	0	0.50	0	0	0.50	48.00						0.00			2) 0.00
				S	8.00	8.00	8.50	8.00	7.50	0	0	40.00	32.00						0.00			3) 104.32
Other Deduction Detail: Simple IRA: 104.32																						
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00	0.00	400.00	71.30	148.00	84.39	16.68	1) 0.00	370.37	779.63	
				O	0	0	0	0	0	0	0	0.00	0.00						0.00			2) 0.00
				S	8.00	8.00	0	0	0	0	0	16.00	25.00						0.00			3) 50.00
Other Deduction Detail: Simple IRA: 50.00																						
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00	0.00	1420.00	88.04	90.00	84.62	20.59	1) 0.00	354.25	1065.75	
				O	0	0	0	0	0	0	0	0.00	0.00						0.00			2) 0.00
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78						9.72			3) 71.00
Other Deduction Detail: Simple IRA: 71.00																						

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/> Wage DC140002 (Mod. 3) Atlantic Refinishing & Restoration, Inc. Det:				ADDRESS 2320 Old Washington Road Waldorf, MD 20601																
PAYROLL NO. 126.0				FOR WEEK ENDING 02/25/2018				PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC						PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030						
(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions					(9) NET WAGES PAID FOR WEEK/ Check No.	
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				19	20	21	22	23	24	25										
				HOURS WORKED EACH DAY																
(b) (6)	5	Marble: Stone Mason	D	0	0	0	0	0	0	0	0.00	0.00 0.00	389.68	105.98	113.00	101.58	24.79	1) 0.00	430.82	1278.54
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
(b) (6)			S	0	0	0	0	8.00	0	0	8.00	33.58 15.13						3) 85.47		
Other Deduction Detail: Simple IRA: 85.47																				

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	704.00	53.44	74.00	37.00	12.49	1) 0.00	271.95	622.45
			O	0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
			S	8.00	8.00	8.00	8.00	0	0	0	32.00	22.00 0.00						3) 95.02		
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 62.61																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date March 1st, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization-; that during the payroll period commencing on the
Phase 4 (Building or Work)

19th day of February, 2018, and ending the 25th day of February, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #126

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 125.0		FOR WEEK ENDING 02/18/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				12	13	14	15	16	17	18										
				HOURS WORKED EACH DAY																
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	407.03	1012.97
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 113.60																				

(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1264.00	85.31	60.00	79.78	19.95	1) 0.00 2) 0.00 3) 110.08	355.12	1020.88
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	7.50	8.00	0	0	39.50	32.00 0.00								
Other Deduction Detail: Simple IRA: 110.08																				

(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	200.00	66.65	132.00	78.43	15.58	1) 0.00 2) 0.00 3) 50.00	342.66	732.34
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	0	0	0	8.00	0	0	8.00	25.00 0.00								
Other Deduction Detail: Simple IRA: 50.00																				

(b) (6)	3	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	852.00	77.60	81.00	77.79	18.15	1) 0.00 2) 0.00 3) 132.41	386.95	897.05
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	0	0	0	0	24.00	25.78 9.72								
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 125.0		FOR WEEK ENDING 02/18/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK/ Check No.	
				* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions										FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				MON 12	TUE 13	WED 14	THU 15	FRI 16	SAT 17	SUN 18										
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	90.00	84.62	20.59	1) 0.00	354.25	1065.75
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72						3) 71.00		
Other Deduction Detail: Simple IRA: 71.00																				

(b) (6)	2	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	598.50	59.22	78.00	58.03	13.86	1) 0.00	256.87	698.37
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				8.00	8.00	8.00	7.50	0	0	0	31.50	19.00 0.00						3) 47.76		
Other Deduction Detail: Simple IRA: 47.76																				

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	880.00	52.55	73.00	36.00	12.29	1) 0.00	267.85	612.15
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00						3) 94.01		
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 61.60																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date February 22nd, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

12th day of February, 2018, and ending the 18th day of February, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #125

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 124.0		FOR WEEK ENDING 02/11/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK/ Check No.	
														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				5	6	7	8	9	10	11										
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	407.03	1012.97
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00								
Other Deduction Detail: Simple IRA: 113.60																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	160.00	19.84	0.00	6.43	4.64	1) 0.00 2) 0.00 3) 16.00	46.91	273.09
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	0	0	0	0	0	0	8.00								
Other Deduction Detail: Simple IRA: 16.00																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1280.00	79.36	50.00	73.02	18.56	1) 0.00 2) 0.00 3) 102.40	323.34	956.66
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00								
Other Deduction Detail: Simple IRA: 102.40																				
(b) (6)	3	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	852.00	77.60	81.00	77.79	18.15	1) 0.00 2) 0.00 3) 132.41	386.95	897.05
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	0	8.00	8.00	0	0	0	24.00								
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 124.0		FOR WEEK ENDING 02/11/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				5	6	7	8	9	10	11				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	704.00	53.44	96.00	43.15	12.50	1) 0.00	237.50	656.90
				O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				S	8.00	8.00	8.00	8.00	0	0	0	32.00						22.00 0.00		
Other Deduction Detail: Health & Dental Insurance: 32.41																				

(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1313.50	86.27	86.00	82.47	20.17	1) 0.00	344.49	1047.01
				O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				S	5.00	8.00	8.00	8.00	8.00	0	0	37.00						25.78 9.72		
Other Deduction Detail: Simple IRA: 69.58																				

(b) (6)	4	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	78.00	86.27	86.00	82.47	20.17	1) 0.00	344.49	1047.01
				O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				S	3.00	0	0	0	0	0	0	3.00						26.00 0.00		
Other Deduction Detail: Simple IRA: 69.58																				

(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	90.00	95.97	95.00	89.39	22.45	1) 0.00	380.21	1167.79
				O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				S	0	3.00	0	0	0	0	0	3.00						30.00 0.00		
Other Deduction Detail: Simple IRA: 77.40																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 124.0		FOR WEEK ENDING 02/11/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK/ Check No.	
				* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions										FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				MON	TUE	WED	THU	FRI	SAT	SUN										
(b) (6)	5	Tile Setter	D	5	6	7	8	9	10	11	0.00	0.00 0.00	1278.00	95.97	95.00	89.39	22.45	1) 0.00 2) 0.00 3) 77.40	380.21	1167.79
				HOURS WORKED EACH DAY																
				O	0	0	0	0	0	0										
(b) (6)			S	8.00	5.00	8.00	8.00	7.00	0	0	36.00	25.78 9.72	1548.00							

Other Deduction Detail: Simple IRA: 77.40

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	288.00	13.14	5.00	13.35	3.07	1) 0.00 2) 0.00 3) 90.42	124.98	163.02
				HOURS WORKED EACH DAY																
				O	0	0	0	0	0	0										
(b) (6)			S	0	8.00	8.00	0	0	0	0	16.00	18.00 0.00	288.00							

Other Deduction Detail: Simple IRA: 14.40, Health & Dental Insurance: 76.02

(b) (6)	2	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	152.00	47.12	55.00	43.60	11.02	1) 0.00 2) 0.00 3) 38.00	194.74	565.26
				HOURS WORKED EACH DAY																
				O	0	0	0	0	0	0										
(b) (6)			S	0	0	0	0	8.00	0	0	8.00	19.00 0.00	760.00							

Other Deduction Detail: Simple IRA: 38.00

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	880.00	52.55	73.00	36.00	12.29	1) 0.00 2) 0.00 3) 94.01	267.85	612.15
				HOURS WORKED EACH DAY																
				O	0	0	0	0	0	0										
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00	880.00							

Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 61.60

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date February 16th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

5th day of February, 2018, and ending the 11th day of February, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #124

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 123.0		FOR WEEK ENDING 02/04/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				29	30	31	1	2	3	4										
				HOURS WORKED EACH DAY																
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	407.03	1012.97
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 113.60																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	832.00	97.22	82.00	93.29	22.74	1) 0.00 2) 0.00 3) 125.44	420.69	1147.31
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	8.00	8.00	8.00	2.00	0	0	26.00	32.00 0.00								
Other Deduction Detail: Simple IRA: 125.44																				
(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	84.00	70.37	84.00	76.87	16.46	1) 0.00 2) 0.00 3) 93.10	340.80	794.19
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	3.50	0	0	0	0	0	3.50	24.00 0.00								
Other Deduction Detail: Simple IRA: 68.10, Advance: 25.00																				
(b) (6)	3	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	86.03	98.00	88.60	20.12	1) 0.00 2) 0.00 3) 132.41	425.16	994.84
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 123.0		FOR WEEK ENDING 02/04/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK/ Check No.	
				* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions																	
														FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS		
				HOURS WORKED EACH DAY																	
							MON	TUE	WED	THU	FRI	SAT	SUN								
							29	30	31	1	2	3	4								
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	352.00	55.23	102.00	45.02	12.92	1) 0.00 2) 0.00 3) 32.41	247.58	675.62
				O	0	0	0	0	0	0	0	0.00	0.00 0.00								
				S	0	0	8.00	8.00	0	0	0	16.00	22.00 0.00								
												923.20							991555		
Other Deduction Detail: Health & Dental Insurance: 32.41																					
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	90.00	84.62	20.59	1) 0.00 2) 0.00 3) 71.00	354.25	1065.75
				O	0	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
												1420.00							991556		
Other Deduction Detail: Simple IRA: 71.00																					
(b) (6)	5	Tile Setter	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	1242.50	95.64	94.00	88.98	22.37	1) 0.00 2) 0.00 3) 77.13	378.12	1164.38
				O	0	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	8.00	8.00	8.00	3.00	0	0	35.00	25.78 9.72								
												1542.50							991557		
Other Deduction Detail: Simple IRA: 77.13																					
(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	150.00	95.64	94.00	88.98	22.37	1) 0.00 2) 0.00 3) 77.13	378.12	1164.38
				O	0	0	0	0	0	0	0	0.00	0.00 0.00								
				S	0	0	0	0	5.00	0	0	5.00	30.00 0.00								
												1542.50							991557		
Other Deduction Detail: Simple IRA: 77.13																					

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601																
Atlantic Refinishing & Restoration, Inc.																				
PAYROLL NO. 123.0		FOR WEEK ENDING 02/04/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC																
				PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030																
(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				29	30	31	1	2	3	4				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	576.00	44.40	59.00	50.71	10.39	1) 0.00	280.12	511.88
			O	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00								
(b) (6)			S	0	8.00	8.00	8.00	8.00	0	0	32.00	18.00 0.00						3) 115.62		
Other Deduction Detail: Health & Dental Insurance: 76.02, Simple IRA: 39.60																				

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0.00	0.00 0.00	704.00	53.45	74.00	37.00	12.50	1) 0.00	271.97	622.43
			O	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
(b) (6)			S	8.00	0	8.00	8.00	8.00	0	0	32.00						22.00 0.00		
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 62.61																			

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date February 9th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

29th day of January, 2018, and ending the 4th day of February, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #123

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 122.0		FOR WEEK ENDING 01/28/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS					(9) NET WAGES PAID FOR WEEK/ Check No.	
														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*		TOTAL DEDUCTIONS
				22	23	24	25	26	27	28										
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	84.00	100.80	20.59	1) 0.00 2) 0.00 3) 113.60	407.03	1012.97
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00								
Other Deduction Detail: Simple IRA: 113.60																				
(b) (6)	3	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	923.00	78.65	84.00	79.14	18.39	1) 0.00 2) 0.00 3) 132.41	392.59	908.41
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	0	2.00	8.00	8.00	0	0	26.00								
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	378.00	78.65	84.00	79.14	18.39	1) 0.00 2) 0.00 3) 132.41	392.59	908.41
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	0	8.00	6.00	0	0	0	0	14.00								
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00, Simple IRA: 50.00																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	528.00	54.34	99.00	44.09	12.70	1) 0.00 2) 0.00 3) 32.41	242.54	666.26
				O	0	0	0	0	0	0	0.00	0.00 0.00								
				S	8.00	8.00	8.00	0	0	0	0	24.00								
Other Deduction Detail: Health & Dental Insurance: 32.41																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 122.0		FOR WEEK ENDING 01/28/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				DEDUCTIONS						
				22	23	24	25	26	27	28				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				HOURS WORKED EACH DAY																
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1420.00	88.04	90.00	84.62	20.59	1) 0.00 2) 0.00 3) 71.00	354.25	1065.75
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 71.00																				
(b) (6)	5	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	639.00	90.62	85.00	82.87	21.19	1) 0.00 2) 0.00 3) 73.08	352.76	1108.80
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	8.00	0	2.00	0	8.00	0	0	18.00	25.78 9.72								
Other Deduction Detail: Simple IRA: 73.08																				
(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	420.00	90.62	85.00	82.87	21.19	1) 0.00 2) 0.00 3) 73.08	352.76	1108.80
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	0	8.00	6.00	0	0	0	0	14.00	30.00 0.00								
Other Deduction Detail: Simple IRA: 73.08																				
(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	880.00	52.55	73.00	36.00	12.29	1) 0.00 2) 0.00 3) 94.01	267.85	612.15
			O	0	0	0	0	0	0	0.00	0.00 0.00									
			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 32.41, Simple IRA: 61.60																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date February 2nd, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

22nd day of January, 2018, and ending the 28th day of January, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #122

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 121.0		FOR WEEK ENDING 01/21/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK/ Check No.
														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				15	16	17	18	19	20	21										
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1047.25	81.86	77.00	95.94	19.14	1) 0.00	348.94	971.31
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				0	0	0	0	0	0	0	0.00	0.00 0.00						3) 75.00		
(b) (6)			S	5.50	0	8.00	8.00	8.00	0	0	29.50	25.78 9.72	1320.25							
Other Deduction Detail: Simple IRA: 75.00																				
(b) (6)	4	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	273.00	81.86	77.00	95.94	19.14	1) 0.00	348.94	971.31
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				0	0	0	0	0	0	0	0.00	0.00 0.00						3) 75.00		
(b) (6)			S	2.50	8.00	0	0	0	0	0	10.50	26.00 0.00	1320.25							
Other Deduction Detail: Simple IRA: 75.00																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1080.00	110.99	152.00	124.58	25.96	1) 0.00	495.94	1326.56
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				0	0	0	0	0	0	0	0.00	0.00 0.00						3) 82.41		
(b) (6)			S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	27.00 0.00	1822.50							
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	704.00	53.44	96.00	43.15	12.50	1) 0.00	237.50	656.90
				0	0	0	0	0	0	0	0.00	0.00 0.00						2) 0.00		
				0	0	0	0	0	0	0	0.00	0.00 0.00						3) 32.41		
(b) (6)			S	8.00	8.00	8.00	0	8.00	0	0	32.00	22.00 0.00	894.40							
Other Deduction Detail: Health & Dental Insurance: 32.41																				

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 121.0		FOR WEEK ENDING 01/21/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK/ Check No.					
				* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions																					
														FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS						
				HOURS WORKED EACH DAY																					
							MON	TUE	WED	THU	FRI	SAT	SUN												
							15	16	17	18	19	20	21												
(b) (6)	4	Tile Setter	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	1153.75	83.62	90.00	84.60	19.56	1) 0.00	277.78	1070.97				
				0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00												
				0	0	0	0	0	0	0	0.00	0.00 0.00	3) 0.00												
				S	5.50	3.00	8.00	8.00	8.00	0	0	32.50	25.78 9.72	1348.75							991240				
(b) (6)	4	Laborer: Common/General	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	195.00	83.62	90.00	84.60	19.56	1) 0.00	277.78	1070.97				
				0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00												
				0	0	0	0	0	0	0	0.00	0.00 0.00	3) 0.00												
				S	2.50	5.00	0	0	0	0	0	7.50	26.00 0.00	1348.75							991240				
(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	1200.00	83.70	80.00	79.81	19.57	1) 0.00	263.08	1086.92				
				0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00												
				0	0	0	0	0	0	0	0.00	0.00 0.00	3) 0.00												
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	30.00 0.00	1350.00							991241				
(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0	0.00	0.00 0.00	880.00	52.55	80.00	39.00	12.29	1) 0.00	216.25	663.75				
				0	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00												
				0	0	0	0	0	0	0	0.00	0.00 0.00	3) 32.41												
				S	8.00	8.00	8.00	8.00	8.00	0	0	40.00	22.00 0.00	880.00							991278				

Other Deduction Detail: Health & Dental Insurance: 32.41

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date January 25th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

15th day of January, 2018, and ending the 21st day of January, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☒ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #121

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 120.0		FOR WEEK ENDING 01/14/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) DEDUCTIONS						(9) NET WAGES PAID FOR WEEK/ Check No.
														* Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				8	9	10	11	12	13	14										
				HOURS WORKED EACH DAY																
(b) (6)	4	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	975.00	64.48	55.00	73.66	15.08	1) 0.00 2) 0.00 3) 75.00	283.22	756.78
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	7.00	8.00	8.00	8.00	6.50	0	0	37.50	26.00 0.00								
Other Deduction Detail: Simple IRA: 75.00																				
(b) (6)	3	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	1012.50	64.95	79.00	65.55	15.19	1) 0.00 2) 0.00 3) 82.41	307.10	772.90
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	7.00	8.00	8.00	6.50	0	0	37.50	27.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 32.41, Advance: 50.00																				
(b) (6)	0	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	154.00	53.91	124.00	43.64	12.61	1) 0.00 2) 0.00 3) 32.41	266.57	635.33
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	0	7.00	0	0	0	0	0	7.00	22.00 0.00								
Other Deduction Detail: Health & Dental Insurance: 32.41																				
(b) (6)	4	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	585.00	64.48	66.00	60.05	15.08	1) 0.00 2) 0.00 3) 0.00	205.61	834.39
			O	0	0	0	0	0	0	0	0.00	0.00 0.00								
			S	8.00	8.00	0	0	6.50	0	0	22.50	26.00 0.00								

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

PAYROLL

(For Contractor's Optional Use; See Instructions, Form WH-347 Inst.)

NAME OF CONTRACTOR <input type="checkbox"/> OR SUBCONTRACTOR <input checked="" type="checkbox"/>		Wage DC140002 (Mod. 3) Det:		ADDRESS 2320 Old Washington Road Waldorf, MD 20601	
PAYROLL NO. 120.0		FOR WEEK ENDING 01/14/2018		PROJECT AND LOCATION Herbert Hoover Building Modernization- Phase 4 Washington, DC	
PROJECT OR CONTRACT NO. G14.164/GS11P06MKC0030					

(1) NAME, ADDRESS, AND Identification Number OF EMPLOYEE	(2) NO. OF WITH-HOLDING EXEMPTIONS	(3) WORK CLASSIFICATION	ST, OT or DT	(4) DAY AND DATE							(5) TOTAL HOURS	(6) RATE OF PAY	(7) GROSS AMOUNT EARNED	(8) * Other Deductions - 1) Local Tax 1 2) Local Tax 2 3) Other Deductions						(9) NET WAGES PAID FOR WEEK/ Check No.
				MON	TUE	WED	THU	FRI	SAT	SUN				FICA	WITH- HOLDING TAX	SWH	Medicare	OTHER*	TOTAL DEDUCTIONS	
				8	9	10	11	12	13	14										
				HOURS WORKED EACH DAY																
(b) (6)	5	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	405.00	78.89	90.00	73.65	18.46	1) 0.00	261.00	1011.56
			O	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00								
			S	0	0	7.00	0	6.50	0	0	13.50	30.00 0.00						3) 0.00		
(b) (6)																				

(b) (6)	1	Laborer: Common/General	D	0	0	0	0	0	0	0	0.00	0.00 0.00	825.00	52.55	100.00	39.00	12.29	1) 0.00	236.25	643.75
			O	0	0	0	0	0	0	0.00	0.00 0.00	2) 0.00								
			S	8.00	8.00	8.00	7.00	6.50	0	0	37.50	22.00 0.00						3) 32.41		
(b) (6)																				

Other Deduction Detail: Health & Dental Insurance: 32.41

While completion of Form WH-347 is optional, it is mandatory for covered contractors and subcontractors performing work on Federally financed or assisted construction contracts to respond to the information collection contained in 29 C.F.R. §§ 3.3, 5.5(a). The Copeland Act (40 U.S.C. § 3145) contractors and subcontractors performing work on Federally financed or assisted construction contracts to "furnish weekly a statement with respect to the wages paid each employee during the preceding week." U.S. Department of Labor (DOL) regulations at 29 C.F.R. § 5.5(a)(3)(ii) require contractors to submit weekly a copy of all payrolls to the Federal agency contracting for or financing the construction project, accompanied by a signed "Statement of Compliance" indicating that the payrolls are correct and complete and that each laborer or mechanic has been paid not less than the proper Davis-Bacon prevailing wage rate for the work performed. DOL and federal contracting agencies receiving this information review the information to determine that employees have received legally required wages and fringe benefits.

Date January 18th, 2018

I, (b) (6) Payroll Supervisor
(Name of Signatory Party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) on the
(Contractor or Subcontractor)

Herbert Hoover Building Modernization- ; that during the payroll period commencing on the
Phase 4 (Building or Work)

8th day of January, 2018, and ending the 14th day of January, 2018

all persons employed on said project have been paid the full weekly wages earned, that no rebates
have been or will be made either directly or indirectly to or no behalf of said

Atlantic Refinishing & Restoration, Inc. (a sub of Gilbane/Grunley Joint Venture) from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or indirectly
from the full wages earned by any person, other than permissible deductions as defined in Regulations,
Part 3 (29 CFR Subtitle A), issued by the Secretary of Labor under the Copeland Act, as amended (48
Stat. 948, 63 Stat. 108, 72 Stat. 967; 76 Stat. 357; 40 U.S.C. § 3145), and described below:

FICA, FWH, Medicare, State Tax, Advance, Health & Dental Insurance, Simple IRA

(2) That any payrolls otherwise under this contract required to be submitted for the above period are
correct and complete; that the wage rates for laborers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that the
classifications set forth therein for each laborer or mechanic conform with the work he performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide apprenticeship
program registered with a State apprenticeship agency recognized by the Bureau of Apprenticeship and
Training, United States Department of Labor, or if no such recognized agency exists in a State, are
registered with the Bureau of Apprenticeship and Training, United States Department of Labor.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - in addition to the basic hourly wage rates paid to each laborer or mechanic listed in the
above referenced payroll, payments of fringe benefits as listed in the contract have been
or will be made to appropriate programs for the benefit of such employees, except as
noted in section 4(c) below.

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer or mechanic listed in the above referenced payroll has been paid, as
indicated on the payroll, an amount not less than the sum of the applicable basic
hourly wage rate plus the amount of the required fringe benefits as listed in the
contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

REMARKS

Contract #GS11P06MKC0030, Wage Decision #DC140002 Mod 3 04/11/14, Payroll #120

NAME AND TITLE:

(b) (6) Payroll Supervisor

SIGNATURE:

Signed Electronically

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR
SUBCONTRACTOR TO CIVIL OR CRIMINAL PROSECUTION. SEE SECTION 1001 OF TITLE 18 AND SECTION 231 OF TITLE
31 OF THE UNITED STATES CODE.